

**IDAHO COUNCIL ON
CHILDREN'S MENTAL HEALTH**

REPORT TO THE GOVERNOR:

**TOWARD
COLLABORATIVE
CHILDREN'S MENTAL
HEALTH**

**EXECUTIVE SUMMARY
NARRATIVE**

January 2, 2002

Idaho Council on Children's Mental Health

Report to the Governor: Toward Collaborative Children's Mental Health

Executive Summary

Governor Kempthorne issued Executive Order 2001-05 establishing the Idaho Council on Children's Mental Health (ICCMH) on February 28, 2001. The ICCMH oversees implementation of a plan designed to move children's mental health service delivery into a comprehensive system of care. Chaired by the Lieutenant Governor, members include representatives from the Office of the Governor, the legislative branch, the judicial branch, the Department of Health and Welfare, the Department of Juvenile Corrections, the Department of Education, the State Planning Council on Mental Health, a parent representative or advocate, a representative of county government, and a representative of providers of children's mental health services.

The ICCMH is responsible to the Governor for legislative policy on access to treatment, prevention, and rehabilitation services for children with serious emotional disturbances. The ICCMH supports the system of care through the development of legislative policy recommendations, statewide standards, key duties, goals, and performance outcomes. The ICCMH monitors, evaluates, reports on, and provides technical assistance to regional and local councils.

The ICCMH met eight times between April and December 2001. Members began modeling the style of collaboration needed to support the implementation of a system of care. Early meetings established a common definition for collaboration, parental involvement in agency committees addressing children's mental health issues, oversight of three demonstration sites, identifying children's mental health services and gaps, and how to measure success. Later meetings centered on the establishment of the regional and local council concept, initial budgets for councils, setting the authority for councils to review cases, and development of a plan to provide assistance to community groups interested in forming councils.

Meetings in communities across Idaho resounded with support of the effort to implement the system of care. Successful implementation of the plan requires continued legislative and budgetary support. A budget overview is attached. Momentum gained in this first year will propel the ICCMH through the next steps including establishment of regional and local councils, increasing service delivery capacity, merging the efforts of agencies, advocacy groups, and community members into a sustainable network for collaborative children's mental health service delivery.

Idaho Council on Children's Mental Health

Report to the Governor: Toward Collaborative Children's Mental Health

NARRATIVE

The establishment of the Idaho Council on Children's Mental Health (ICCMH) marked a milestone in the move toward collaborative children's mental health. The highlighted accomplishments from each member agency are provided under their individual heading.

Idaho Council on Children's Mental Health (ICCMH)

- Monitored the various agencies with specific responsibilities for implementation of the plan to establish a system of care for children's mental health in Idaho. The ICCMH worked together to ensure the completion of all 54 action points due through December 2001.
- Parent representation on policy making groups increased to include the Board of Health and Welfare, the State Mental Health Planning Council, and Regional Mental Health Advisory Boards.
- Supervised the on-going development of three community based demonstration sites forming collaborative partnerships for planning children's mental health service delivery in the community.
- Combined the clinical expertise of professionals from the Department of Health and Welfare (DHW) with the Department of Juvenile Corrections (DJC) to pilot a process identifying children with SED within DJC custody.
- Informed parents throughout the state about services and the progress on establishing a system of care by publishing "Children's Mental Health: A Parent's Guide" in both English and Spanish. Over seven thousand guides have been released this year.
- Models the collaboration needed to implement a statewide system of care through an agreed upon definition of "collaboration" as a foundation for accountability measurements.
- Designed the support structure needed to sustain a statewide system of care including informing communities about the existence of local councils, presentations during the Children's Mental Health Conference, "A Parents Guide" publication, and council memoranda of agreement.

State Department of Education (SDE)

- Established a workgroup to develop recommendations for using schools to improve the identification of children with mental health needs and to provide a base for service delivery.
- Designated SDE personnel to participate on the ICCMH.
- Continues to have 51% parent and/or consumer representation on the Special Education Advisory Panel as well as parent representation on other SDE task forces and work groups.
- Revised the current December 1 Child Count data collection system to include more information on children's mental services given to students with disabilities.
- Adopted a methodology to set numerical benchmarks for system identification of children with SED. The annual child count will be done on December 1, 2001. Data will be available in February 2002.
- Established a school Medicaid task group to work on parent brochures and the procedural guidelines. Once completed, the training manual will be revised, training will be conducted statewide, and data elements and reporting periods will be established.
- Participated on other children's mental health task forces and work groups dealing with children's mental health issues, such as parent brochure and interagency agreements format work groups.
- Distributed Department of Health and Welfare referral form and interagency agreement templates at regional special education directors meetings.
- Participated in the planning of the first Children's Mental Health Conference held in September 2001. SDE personnel were also presenters at the conference.
- SDE has begun initial discussions with Family and Children's Services regarding the need for day treatment services for children and youth in Idaho.
- Provided several regional trainings on social skills development.
- Increased funding for the Positive Behavioral Support Project to provide technical assistance to school personnel on conduct functional assessments and development and implementation of appropriate behavioral supports for individual students.
- Continue to provide prevention activities and programs through the safe and drug free school programs in schools throughout Idaho.
- Provide funding to districts to support residential services and/or support services for individual students with identified mental health needs.

Department of Juvenile Corrections (DJC)

- Citizen advisory board at each regional DJC facility provide for membership by parents or advocates of children with serious emotional disturbance (SED)
- Parents and parent advocates conducted training for DJC Juvenile Service Coordinators on a quarterly schedule
- Adapting the Department of Health and Welfare (DHW) Family Satisfaction Survey to target juvenile correction families and set “in-house” result analysis
- Designated DJC District Liaison staff to assist DHW in the establishment of regional and local councils
- ◆ Established plans for regionalized observation and assessment starting December 3, 2001, to increase local community and family input in identifying special needs.
- ◆ Began the systematic use of DSM-IV diagnoses and the Child and Adolescent Functional Assessment Scale (CAFAS) in the regionalized observation and assessment process.
- Assigned statewide Clinical Services Administrator responsibility of developing a process of facilitating and measuring the collaborating efforts of accessing needed services while a juvenile is in custody, and transitioning into services upon release from custody

Department of Health and Welfare (DHW)

- The Children’s Mental Health Project was named as a top priority and designated an “enterprise” project, with oversight by the Director’s Enterprise Steering Committee.
- Over two hundred and fifty professionals and parents gathered to learn and discuss issues facing children’s mental health during the first Children’s Mental Health Conference, held in September 2001.
- Expanded service capacity for assessment through the fielding of fourteen new clinicians throughout the state.
- “Fast tracking” to speed scheduling for comprehensive assessment and providing for informed parental consent was accomplished through the use of a pre-referral tool.
- The Department experienced an 11% increase in the number of comprehensive assessments during the first quarter of state fiscal year 2002.
- The consistency of program practices improved with the release of twelve policy memoranda on issues ranging from parental involvement to uniform assessment for services.
- A uniform method for assessing family satisfaction was developed in both English and Spanish with copies provided to DJC and the State Department of Education during June 2001.

- Staff awareness of challenges faced by families of children with SED increased as parents and parent advocates trained DHW staff during Family and Children Services' Children's Mental Health Academy in June 2001
- Increased staff expertise through "Promoting Mental Health in Children and Adults with Developmental Disabilities," a conference sponsored by an association for persons with developmental disabilities and mental health needs.

Attachment 1 Budget Overview

Idaho Council on Children's Mental Health

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BUDGET OVERVIEW

Amounts Dedicated to Children With SED FY03

The Plan implementing Children's Mental Health in the Jeff D. federal court case has specific time frames that must be met to remain in compliance with the court's order. For eligible families, a collaborative service plan will be developed to meet the needs of the child, family and community. It is estimated a total of 24 DHW clinicians will be needed to meet the demand for assessment and service planning on a timely basis. Last legislative session, 14 new FTE for clinicians were added to be available to conduct assessments of children in the county probation system and Department of Juvenile Corrections as well as family self-referrals. Last year's budget outlined the plan to request the remaining 10 positions this year to meet this determined need. Specialized training must be in place for these staff to gain and maintain the highest level of clinical and service delivery skills.

Additionally, the court plan addresses the need to increase and enhance the availability of foster care services to meet the needs of this population. Therapeutic foster homes are needed as well to serve families and allow these children to live successfully in the community and avoid a more expensive residential or institutional placement, especially in the juvenile corrections systems.

To move toward achieving this needed availability, an increase in the rate of reimbursement of foster parents is important. We need have an ability to retain existing foster parents and to enhance their skills through training directed at better understanding the issues presented by Serious Emotional Disturbance and how to resolve issues and maintain youth in treatment. Bridging the gap with biological parents to raise their skill level through training and therapeutic relationship is important for the state to be successful. An increase in foster care reimbursement and federally matchable training funds were requested by Health and Welfare.

Another of the plans outcomes is the improvement of mental health services for all youth committed to DJC, including those with SED. As additional children in DJC custody are identified with SED additional service capacity is required to provide the indicated services.

Key components identified in the plan as part of the system of care include programming and services provided through public schools including prevention, early identification, and intervention efforts. While no increases are noted for this year, current funding levels should be maintained to enable continued progress in these critical areas.

Department of Health and Welfare: Children's Mental Health Annualization Decision Unit

This request consists of salary and related costs for ten children's mental health clinicians, specialized training, and an additional amount for therapeutic foster care reimbursement.

Department of Juvenile Correction Decision Unit

This request consists of salary and related costs for one Juvenile Services Coordinator FTE and a percentage increase in the funds allocated for psychiatric contract services.